## Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 766774 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE [ OR SMALL ENTITY **TOTAL CLAIMS** FEE RATE RATE FEE FOR NUMBER FILED NUMBER EXTRA **BASIC FEE** 355.00 BASIC FEE 710.00 OR TOTAL CHARGEABLE CLAIMS D minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X40= X80= OR MULTIPLE DEPENDENT CLAIM PRESENT +135= +270= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL **LiE** TOTAL OR **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY OR **SMALL ENTITY** (Column 1) (Column 3) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AFTER PREVIOUSLY EXTRA** PAID FOR **AMENDMENT FEE** FEE Total -0 Minus X\$ 9= X\$18= OR 2 Independent Minus X40 =X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 1) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AFTER **PREVIOUSLY EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X40 =X80≈ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= OR TOTAL TOTAL OR

		(Column 1)		(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER, AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	**	=
	Independent	•	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

ADDI-ADDI-TIONAL RATE RATE TIONAL FEE FEE X\$ 9= X\$18= OR X40 == 08XOR +135= +270= OR TOTAL TOTAL ADDIT, FEE

ADDIT, FEE

ADDIT. FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**AMENDMENT** 

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AMENDMENT